



MISSOURI INDIVIDUAL INCOME TAX RETURN

SINGLE/MARRIED WITH ONE INCOME — SHORT FORM

2002 FORM MO-1040A

LAST NAME		FIRST NAME		MIDDLE INITIAL	DECEASED <input type="checkbox"/> 2002	SOCIAL SECURITY NUMBER		SOFTWARE VENDOR CODE (Assigned by DOR) 01	
SPOUSE'S LAST NAME		FIRST NAME		MIDDLE INITIAL	DECEASED <input type="checkbox"/> 2002	SPOUSE'S SOCIAL SECURITY NUMBER			
IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)				COUNTY OF RESIDENCE			SCHOOL DISTRICT NO.		DOR USE ONLY
PRESENT ADDRESS (INCLUDE APARTMENT NO. OR RURAL ROUTE)				CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE					
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF / SPOUSE.					FOR A FASTER REFUND: E-FILE OR WEBFILE				
AGE 65 OR OLDER <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE					BLIND <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE				
100% DISABLED <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE					NON-OBLIGATED SPOUSE <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE				
					DOR USE ONLY				
INCOME	1. Federal adjusted gross income from your 2002 federal return (See chart in instructions for Line 1.)						1		00
	2. Any state income tax refund included in your 2002 federal income						2	-	00
	3. Total Missouri Adjusted Gross Income — Subtract Line 2 from Line 1.						3	=	00
DEDUCTIONS	4. Mark your filing status box below and enter the appropriate exemption amount on Line 4. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 Check which spouse had income: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse </div> <div> <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500 </div> </div>						4		00
	5. Tax from federal return (Do not enter amount from your Form W-2(s) — <input type="text" value="00"/> Single—maximum of \$5,000; NOT federal tax withheld.) Married filing combined—maximum of \$10,000						5	+	00
	6. Missouri standard deduction or itemized deductions Single — \$4,700 ; Head of Household — \$6,900 ; Married Filing Separate — \$3,925 ; Married Filing a Combined Return or Qualifying Widow(er) — \$7,850 If claimed as a dependent, 65, or blind, get amount from federal return. If itemizing, see back of form.						6	+	00
	7. Number of dependents you claimed on your federal return (Do not include yourself or your spouse.) <input type="text"/> x \$1,200 =						7	+	00
	8. Long-term care insurance deduction						8	+	00
	9. Total Deductions — Add Lines 4 through 8.						9	=	00
	TAX	10. Missouri Taxable Income — Subtract Line 9 from Line 3.						10	
11. Total Tax — Use the tax table on the back of this form to figure the tax.						11		00	
PAYMENTS/REFUNDS	12. Missouri tax withheld from your Form W-2(s) and Form 1099(s). Attach copies of Form W-2(s) and Form 1099(s).						12		00
	13. Any Missouri estimated tax payments made for 2002						13		00
	14. Total Payments — Add Lines 12 and 13.						14		00
	15. If Line 14 (Total Payments) is more than Line 11 (Total Tax), enter the difference (amount of overpayment) here. (If Line 14 is less than Line 11, skip to Line 19.)						15		00
	16. Amount from Line 15 that you want applied to next year's taxes						16		00
	17. You may donate part of your overpaid amount or contribute additional payments to any or all of the trust funds listed to the right. Enter the amount of your donation in the appropriate boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="text" value="00"/> Children's Trust Fund </div> <div> <input type="text" value="00"/> Veterans Trust Fund </div> <div> <input type="text" value="00"/> Elderly Home Delivered Meals Trust Fund </div> <div> <input type="text" value="00"/> Missouri National Guard Trust Fund </div> </div>						17		00
MAIL TO	18. Subtract Lines 16 and 17 from Line 15 and enter here. This is your refund. Mail to: Department of Revenue, P.O. Box 500, Jefferson City, MO 65106-0500.						18		00
	19. If Line 14 is less than Line 11, enter the difference here. You have an amount due. Mail to: Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329.						19		00
	The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.								
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.						DOR ONLY <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>		
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO						PAID PREPARER'S PHONE ()		
	SIGNATURE		DATE		PAID PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN		
	SPOUSE'S SIGNATURE		DAYTIME TELEPHONE ()		PAID PREPARER'S ADDRESS AND ZIP CODE		DATE		

MISSOURI ITEMIZED DEDUCTIONS

- Complete this section only if you itemized deductions on your federal return. (See the instructions.)
- Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040, Line 38	1		00
2. 2002 (FICA) — Social security \$ _____ + Medicare \$ _____	2		00
3. 2002 Railroad retirement tax — (Tier I and Tier II) \$ _____ + Medicare \$ _____	3		00
4. 2002 Self-employment tax — Amount from Federal Form 1040, Line 29	4		00
5. TOTAL — Add Lines 1 through 4.	5		00
6. State and local income taxes — See instructions.	6		00
7. Earnings taxes included in Line 6 — See instructions.	7		00
8. Net state income taxes — Subtract Line 7 from Line 6, or enter Line 8 from worksheet below.	8		00
9. MISSOURI ITEMIZED DEDUCTIONS — Subtract Line 8 from Line 5. Enter here and on front of form, Line 6.	9		00

NOTE: IF LINE 9 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION, SEE INSTRUCTIONS.

WORKSHEET — STATE AND LOCAL INCOME TAXES

Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 35 is more than \$137,300 (\$68,650 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. See the instructions for the amount to enter on Line 8 above. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions).

1. Amount from Federal Itemized Deduction Worksheet, Line 3 (See page A-6 of Federal Schedule A instructions.) If \$0 or less, enter "0".	1		00
2. Amount from Federal Itemized Deduction Worksheet, Line 9 (See page A-6 of Federal Schedule A instructions.)	2		00
3. State and local income taxes from Federal Form 1040, Schedule A, Line 5	3		00
4. Earnings taxes included on Federal Form 1040, Schedule A, Line 5	4		00
5. Subtract Line 4 from Line 3.	5		00
6. Divide Line 5 by Line 1.	6		%
7. Multiply Line 2 by Line 6.	7		00
8. Subtract Line 7 from Line 5. Enter here and on Line 8 above.	8		00

2002 TAX TABLE

If Missouri taxable income from Form MO-1040A, Line 10, is less than \$9,000, use the table to figure tax;
if more than \$9,000, use worksheet below or use the online tax calculator at www.dor.state.mo.us/tax/personal/taxcalculator/

If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is			If Line 10 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	\$ 62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312

FIGURING TAX OVER \$9,000

	<u>Yourself/Spouse</u>	<u>Example</u>
Missouri taxable income (Line 10)	\$ _____	\$ 12,000
Subtract \$9,000	– \$ 9,000	– \$ 9,000
Difference	= \$ _____	= \$ 3,000
Multiply by 6%	x 6%	x 6%
Tax on income over \$9,000	= \$ _____	= \$ 180
Add \$315 (tax on first \$9,000)	+ \$ 315	+ \$ 315
TOTAL MISSOURI TAX	= \$ _____	= \$ 495

9,000 315
If more than \$9,000,
tax is \$315 PLUS 6
percent of excess
over \$9,000.
Round to nearest whole
dollar and enter on
front of form, Line 11.